

Fairfax County Juvenile &  
Domestic Relations District Court



# Family Abuse Protective Order Packet

Domestic Relations Services

4110 Chain Bridge Road

Suite 202

Fairfax, Virginia 22030

Main: (703) 246-3040

Fax: (703) 273-1293

Deaf or Hearing Impaired Dial 711

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May 2017

This Packet will help process your **Petition for a Protective Order (Family Abuse)**.

- Please note - **YOU** are the **Petitioner** and the person you are filing against is the **Respondent**. All forms need to be signed during your meeting with an Intake Officer.

Please follow these steps:

1: Complete the Intake Sheet.

- You **MUST** list the following information on the form for the Respondent: First and Last Name, Date of Birth, Address (work or home), Height, Weight, Eye and Hair color, and Contact Number

Give completed **Intake Sheet** to the Intake Clerk to begin the intake process.  
Continue with Step 2.

2: Read the **Protective Order/Family Abuse Information** document.

3: Read the **Protective Order Acknowledgement of Process** document.

- This document contains important information about the process.
- You will be asked to sign this form during your intake interview.

4: Complete the **Respondent Description Sheet**.

- This will help the Sheriff's Department find the person you are filing against.
- The address on the Intake Sheet must match the address used on this form

5: If you are also seeking a **Preliminary** Protective Order, please choose **HOW** you would like to provide your information to the Judge today – either in writing or orally (see the chart on the next page for more information).

Option 1: **Written** - You do NOT need to appear in Court in person today.

Only your written statement (affidavit) will be reviewed by the Judge.

- Complete the **Affidavit for Preliminary Protective Order** (page 9)
  - Print neatly because this is your statement to the Judge.
  - If you write in a language other than English, Court Services will have the affidavit translated for you. This may delay the Court's ruling on your request.
  - After you complete the Affidavit, proceed to Step 6.

Option 2: **Orally** - You will appear in person in front of the Judge during a 2:45pm court hearing.

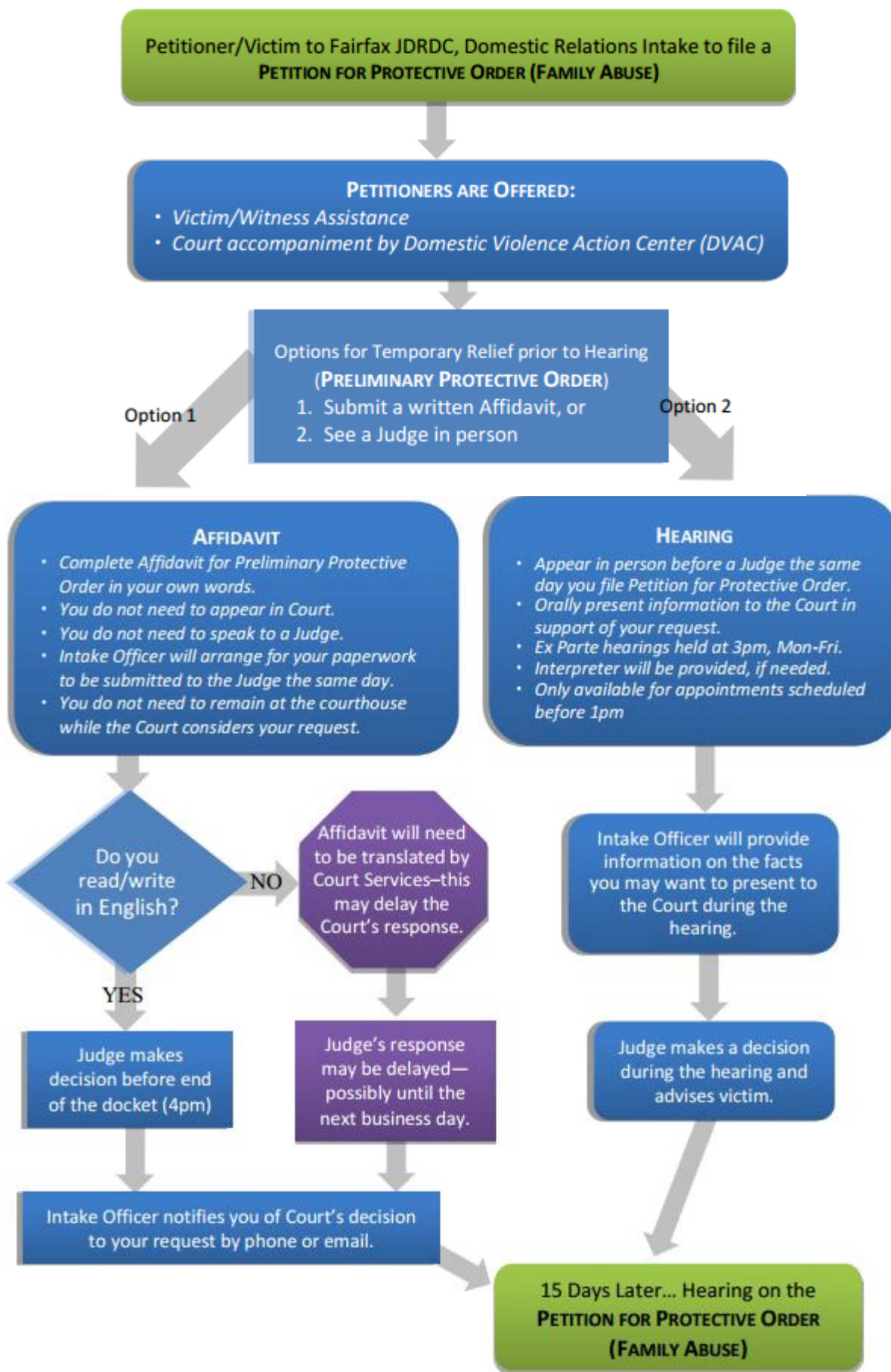
(only available for appointments scheduled before 1:00 pm in the Courthouse)

- You will receive information on the facts the Court may consider when making a ruling.
- If you speak a language other than English, the Court will provide an Interpreter.
- Proceed to Step 6.

6: Complete the application for legal services through **Legal Services of Northern Virginia (LSNV)**.

- You must be financially eligible for this pro bono (free) attorney, depending on several factors including your relationship with the Respondent and your financial resources.
- LSNV will need to screen you for financial eligibility (income and assets); they do not count the Respondent's income, but they may include other adults in your household.

Once you have completed the entire packet, please notify the Intake Clerk who will then inform an Intake Officer.



Date: \_\_\_\_\_ Intake Officer: \_\_\_\_\_ Time: \_\_\_\_\_ Clerk: \_\_\_\_\_



**FAIRFAX COUNTY JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT  
PROTECTIVE ORDER INTAKE SHEET**

ICN: \_\_\_\_\_

**PLEASE CLEARLY PRINT ALL FIELDS AND COMPLETE INFORMATION ON THE BACK:**

**PETITIONER (YOU OR PERSON YOU ARE FILING FOR):**

**BADGE #** \_\_\_\_\_

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Number Other Number

ADDRESS \_\_\_\_\_

STREET NUMBER AND NAME

CITY

STATE

ZIP CODE

EMAIL ADDRESS \_\_\_\_\_

**RESPONDENT (PERSON YOU ARE FILING AGAINST):**

**BADGE #** \_\_\_\_\_

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Number Other Number

ADDRESS \_\_\_\_\_

STREET NUMBER AND NAME

CITY

STATE

ZIP CODE

DL# \_\_\_\_\_ HEIGHT \_\_\_\_\_ ' \_\_\_\_\_ " WEIGHT \_\_\_\_\_ EYE \_\_\_\_\_ HAIR \_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE

EMPLOYER'S NAME \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
WORK NUMBER

EMPLOYER'S ADDRESS \_\_\_\_\_

STREET NUMBER AND NAME

CITY

STATE

ZIP CODE

PETITIONER'S RELATIONSHIP TO RESPONDENT \_\_\_\_\_

HAS A PROTECTIVE ORDER BEEN ISSUED INVOLVING PETITIONER OR RESPONDENT? ☐ NO ☐ YES

DATE: \_\_\_\_\_ COUNTY/STATE \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**IF YOU ARE FILING ON BEHALF OF PETITIONER, PLEASE COMPLETE THE FOLLOWING:**

FULL LAST NAME/FAMILY NAME

FIRST NAME

MIDDLE NAME

**RELATIONSHIP TO PETITIONER:** \_\_\_\_\_

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ FEMALE ☐ MALE ☐ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Contact Number

## CHILDREN

### CHILD-1

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CHILD LIVES WITH ☐ MOTHER ☐ FATHER ☐ OTHER

### CHILD-2

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CHILD LIVES WITH ☐ MOTHER ☐ FATHER ☐ OTHER

### CHILD-3

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CHILD LIVES WITH ☐ MOTHER ☐ FATHER ☐ OTHER

### CHILD-4

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CHILD LIVES WITH ☐ MOTHER ☐ FATHER ☐ OTHER

### OTHER MEMBERS OF YOUR HOUSEHOLD THAT YOU WANT TO INCLUDE IN YOUR PETITION:

#### OTHER-1:

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

#### OTHER-2:

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

#### OTHER-3:

\_\_\_\_\_  
FULL LAST NAME/FAMILY NAME FIRST NAME MIDDLE NAME

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ RACE \_\_\_\_\_ Hispanic ☐ Y ☐ N Female ☐ Male ☐  
(WHITE/BLACK/ASIAN/AMER INDIAN/OTHER/UNKNOWN)

## Protective Order/Family Abuse Information

Remember a Protective Order is about **YOUR SAFETY**. It is **NOT** about: custody, child support, money, divorce, immigration, property, threats to remove the children from state/county, Respondent's new girlfriend/boyfriend/cheating history, Respondent refusing to pay for diapers/food/clothing.

**Interpreter:** If you ask for an interpreter for your hearing in front of the Judge, you may speak only in the language you requested to be interpreted.

**Bring with you** to your appointment with Domestic Relations:

- Respondent's First and Last Name, Date of Birth, Address (work or home), Height, Weight, Eye and Hair color, and Contact Number.
- You can also bring pictures of any injuries or damage to property

The following are **DEFINITIONS** to assist you:

**FAMILY ABUSE:** The Virginia Code §16.1-228 defines **family abuse** as any act involving violence, force, or threat, including any forceful detention which results in bodily injury or places one in reasonable apprehension of death, sexual assault, or bodily injury and is committed by a person against such person's family or household member. Examples of family abuse may include:

- Pushing, shoving, or grabbing
- Stalking
- Slapping, hitting, punching, or striking with an open or closed fist
- Throwing things, biting, beating up, kicking, choking, or strangling
- Holding, tying down, or restraining
- Leaving someone in a dangerous place
- Forcing someone to do something sexual against his or her will
- Causing harm/hurt during sex
- Threatening to physically harm or kill
- Using or threatening to use weapons (knife, gun, bat, etc.)
- Destroying or vandalizing property, personal items, and/or harming or killing pets as
  - a means of making someone fear for their safety.

**FAMILY or HOUSEHOLD MEMBERS** include:

- husband, wife, ex-husband, ex-wife, parents, step-parents,
- children, step-children, brothers, half-brothers, sisters, half-sisters,
- grandparents, grandchildren,
- mother/father-in-law living in same house
- daughter/son-in-law living in same home, brother/sister-in-law living in same home,
- persons with children in common,
- current or former cohabitants (persons who have lived together as if a married
  - couple in the last 12 months),
- and any of their children who live in the same home.

The following are subjects you may want to **INCLUDE** in a Petition:

- Concerns for your SAFETY
- Acts of Violence/Family Abuse
- Threats to hurt or kill you - Not emotional – Not insults
- Weapons in or around the home
- Times when you were forced to have sex
- Physical injuries
- Medical attention you received
  - hospital or doctor visits; taking pain medication, using ice or heating pad, not going to work
- Pain you experienced
- Police notifications/assistance
- History of Violence
- Presence of children during acts of family abuse
  - Did the children see the abuse? Did the children see the injuries?
  - Were the children home when the abuse happened?
  - How did the children act? Did they cry? Did they hide?
- Injuries to children during the act of family abuse
- Damage to property during the act of family abuse
  - o For example, holes in the walls, broken furniture
- Respondent's drug use
- Respondent's alcohol abuse
- Respondent's diagnosed mental health history
- Prior Protective Orders entered against the Respondent
- Respondent's prior criminal convictions
- What YOU want your Protective Order to include:
  - You can ask for the Respondent to:
    - stop abusing you
    - have no contact with you or with family members
    - not terminate necessary utilities
    - pay for you to live in a different, but similar, place
    - participate in a batterer's intervention program
    - participate in drug, alcohol, or mental health treatment
  - You can also ask for temporary possession of:
    - the residence
      - a vehicle you have in your name (or both of your names) and direct the Respondent to maintain insurance, registration, and taxes on the vehicle
      - any pets if you meet the definition of owner (i.e.: animal you purchased/helped to purchase, live with/house, or care for) [Virginia Code §3.2-6500, effective July 1, 2014]
  - Temporary custody or visitation of a minor child
  - Temporary child support



After filing for a preliminary protective order today, you will receive notice of whether the petition was granted or denied by the judge. This preliminary protective order will be in effect for two weeks only and whether it is granted or denied you will automatically be given a court date within 15 days for the hearing on the Petition for a Protective Order.

If the preliminary protective order petition was granted:

A two or three page preliminary order will be signed by the judge. It will contain the hearing date and time for the protective order court date in the right top corner of the first page of the order. **THIS WILL BE YOUR ONLY NOTICE OF THE PROTECTIVE ORDER HEARING DATE, TIME AND LOCATION.** The preliminary protective order will only be in effect until the date of the protective order hearing.

If the preliminary protective order was denied:

A one page denial order will be signed by the judge. **YOU WILL STILL HAVE COURT WITHIN 15 DAYS ON THE PETITION FOR A PROTECTIVE ORDER.** The protective order hearing date will be written on your denial order. This will be your only notice of that court date.

**If you filed the preliminary protective order by affidavit:**

- You are encouraged to wait in the courthouse until the order has been signed and you receive a copy of the court order.
- If you are unable to wait at the courthouse, you have three options for obtaining the order that grants or denies the preliminary protective order and which provides you with your only notice of the Protective Order hearing date and time:
  1. You can receive the order by email. Please make sure the intake officer has a valid, legible email address before you leave the courthouse. Please be aware that email is not a secure method of communication and can be intercepted by other parties including the respondent.
  2. You can receive the order by United States Postal Service mail. Please make sure the intake officer has the correct address where you want the order to be sent.
  3. You can arrange to pick up the order at the Courthouse prior to 10:00pm the day that it is issued. You must let the intake officer know that you want to receive the order this way. You can pick it up at Juvenile Intake, Rm 104, on the first floor, as late as 10:00pm if you have made arrangements ahead of time.

### Picking up Protective Orders from the Courthouse

If you filed by affidavit, your Preliminary Protective Order will need to be picked up at the Courthouse, in Domestic Relations, Room 202, during normal business hours, 8:00 - 4:30 pm. Another copy will be available at the front desk in Juvenile Intake, Room 104, on the first floor, until 10:00pm. Afterhours, be prepared to tell the guards on duty that you are going to Juvenile Intake. A copy of the Order will be kept at the front desk of both offices, filed under your name. You must present identification to receive a copy of either the Preliminary Protective Order or the Denial Order. The date of the Protective Order Hearing will be on your Order. You will be asked to sign a copy for our records to indicate that you have received a copy of the Order and Notice of the hearing date and time. If you have any questions about this process, please contact Domestic Relations at 703-246-3040 and ask an Intake Officer for assistance.



## Notice to Petitioners of a Family Abuse Final Protective Order

- You are receiving this notification because you are the named petitioner in a family abuse final protective order issued pursuant to Va. Code Ann. § 16.1-279.1.
- Virginia law provides that it is a felony for an individual who is the respondent in a family abuse final protective order to possess firearms during the period of the protective order. (Va. Code Ann. §18.2-308.1:4)
  - "Firearm" means any weapon that will or is designed to or may readily be converted to expel single or multiple projectiles by the action of an explosion of a combustible material; or the frame or receiver of any such weapon. (Va. Code Ann. § 18.2-433.1)
- If the court issues you a family abuse permanent (up to two years) protective order, the respondent is prohibited from possessing a firearm. The respondent is required to sell or give the firearm(s) to someone else within 24 hours.
- **If you believe the respondent has a firearm(s), you should let the courts know when you ask for the protective order**
  - If you feel you are in danger at any time, call 911
  - If you have a protective order and believe the respondent still has a firearm(s), contact law enforcement
- Virginia law provides that the respondent may possess a firearm during the first 24 hours following service of the final protective order if the purpose for possessing the firearm is to transfer or sell it to a person who is legally entitled to possess firearms.
- A violation of this law is a Class 6 felony, and a conviction for this crime may result in a prison sentence and permanent loss of firearms rights.

Please initial that you have read and understand the information regarding notice of hearing and firearms.

\_\_\_\_\_  
Initial  
Here

\_\_\_\_\_  
Client's Full Name



Fairfax County

**Domestic Relations Services**

Juvenile & Domestic Relations District Court

## Protective Order Acknowledgement of Process

Today you have petitioned for a Preliminary Protective Order. Please read and initial each of the following:

### **NOTICE TO PETITIONER:**

\_\_\_\_\_ If filing by **court appearance** or **affidavit** and your petition is **granted**, a two to three page preliminary order will be signed by the judge and will either be given to you in the courtroom or in the manner selected below. It will contain the date and time for the protective order hearing in the right top corner of the first page of the order. **THIS WILL BE YOUR ONLY NOTICE OF THE PROTECTIVE ORDER HEARING DATE, TIME AND LOCATION.** The Preliminary protective order will only be in effect until the date of the protective order hearing.

\_\_\_\_\_ If your petition is **denied**, you will receive a one-page denial order, which will contain the next court date on it. **Even if your preliminary protective order request is denied, you will still have court within the next two weeks.**

\_\_\_\_\_ If filing by **affidavit** (written statement), you are encouraged to wait in the courthouse until the order has been signed. If you are unable to wait, you may elect to receive the copy of the signed Preliminary Protective Order or denial via email, US Postal mail or you may pick up the order in person at the Courthouse. Please see page 2 for instructions for picking up the order at the courthouse. Please indicate whether you wish to receive the copy by **email, mail or pick it up from the courthouse.**

State Preference: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_ **Once the Preliminary Protective paperwork is filed with the clerk of the court it cannot be withdrawn prior to the court date. You must appear at the Protective Order hearing to withdraw your petition.**

\_\_\_\_\_ **FIREARM PROHIBITION:** You acknowledge that the Intake Officer provided information regarding the firearm prohibition and inquired whether Respondent owns or possesses any guns/firearms.

### **SERVICE OF RESPONDENT (person you filed against):**

\_\_\_\_\_ This order is not in effect until the Respondent has been personally served. Personal service means that it was delivered (or served) by the Sheriff's office or by a licensed professional Process Server, directly to the Respondent. If the Respondent is not able to be served, the Judge may continue the matter or advise you to re-file the Petition for a Protective Order and set a new court date.

\_\_\_\_\_ To obtain information about whether service was completed, contact the Fairfax County Sheriff's Office at (703) 246-3227, choose option #3 (Monday-Friday, 8:00am-4:00pm).

\_\_\_\_\_ **Out of state respondents:** If the respondent lives outside of Virginia, the Sheriff's office may be able to send the PPO to the local authorities for service. However, in order to ensure service you may choose to hire a Private Process server to secure personal service upon the respondent. The intake officer will provide information on private process service. Process servers can be located by going to <http://napps.org> and putting in the zip code of the respondent.

### **PRELIMINARY PROTECTIVE ORDER:**

\_\_\_\_\_ **The Preliminary Protective Order, if granted and served on the Respondent, remains in effect until the day of the Protective Order hearing (maximum 15 days). It can be continued at the trial only if the Respondent agrees or has not been served. YOU cannot ask for the continuance. The Protective Order is a Civil Order, but a violation of the Protective Order is a criminal offense. If the Respondent violates the order (for example, by contacting you or having a friend contact you, **call the Police immediately.****

## PROTECTIVE ORDER HEARING:

\_\_\_\_\_ **INTERPRETER REQUEST:** If either you or the Respondent require an interpreter for the Protective Order hearing you must advise the Intake Officer while they are filing the petitions so that an interpreter can be requested.

\_\_\_\_\_ You should plan to arrive at the courthouse **at least one (1) hour prior to your scheduled hearing time.**  
**Your case may be dismissed if you are late.**

\_\_\_\_\_ At the hearing, the Respondent might deny your accusations. The Judge must decide what happened based on the evidence. The Respondent may hire an attorney to represent her/him at the hearing. You may also want to have an attorney to help you present your case. You can apply for free legal assistance. **If you apply for Legal Services of Northern Virginia's (LSNV) Pro Bono Program, you should contact LSNV within 24 hours after receiving the Preliminary Protective Order. They can be reached at (703) 778-6800.**

\_\_\_\_\_ **EVIDENCE:** The Judge does not know anything about your situation, so if you have photographs of any injuries/bruises, medical records, text messages, emails, witnesses, etc., you should bring this evidence to the hearing to help the Judge understand what happened. If you are not sure that your witness' are going to come to court or if you require the presence of a Police officer, social worker or other county employee, you must complete a **Subpoena Form**. The Subpoena request must be submitted to the court **at least 10 days before the hearing** at the **Pre-Court window (302) between 8:00am and 4:00pm**. This can be done the same day that you file the Protective Order paperwork.

\_\_\_\_\_ If the Judge denies your petition for the two (2) year Protective Order, you have 10 days to appeal the decision at the Post Court window on the 3<sup>rd</sup> floor.

## TEMPORARY CUSTODY/VISITATION/CHILD SUPPORT:

\_\_\_\_\_ At the Protective Order hearing you can request that the Judge grant you temporary custody, visitation, and child support. You may need to explain or show proof to the Judge that these are necessary for the safety of you and your children. You will need to provide information to the court regarding your income and the respondent's income. The Judge may decide that custody, visitation, and child support should not be decided until you go to court separately for those matters.

## DVAC:

- ☐ Domestic Violence Action Center (DVAC) is a safe place where victims can explore their options and access needed services and resources including: Safety planning, emotional support, court accompaniment, links to emergency shelters, legal services and counseling services. Clients can walk-in at the Historic Courthouse, located at 4000 Chain Bridge Rd, Suite 2702, Fairfax, VA 22030, or call (703) 246-4573. ***Please check the box if you would like a referral to DVAC.***

If you are uncomfortable leaving the courthouse after your Protective Order hearing, **you may request that a Sheriff's Deputy escort you out of the courthouse.**

Petitioner's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Intake Officer's \_\_\_\_\_ Phone: \_\_\_\_\_

### **If You Are Picking Up the Preliminary Protective Order at the Courthouse**

Orders will be available for pickup in Domestic Relations, Room 202, during normal business hours, 8:00 - 4:30 pm. Another copy will be available at the front desk in Juvenile Intake, Room 104, on the first floor, until 10:00pm. Afterhours, be prepared to tell the guards on duty that you are going to Juvenile Intake. The admin assistant in Juvenile Intake will ask for your identification before providing either a copy of the Preliminary Protective Order or the Denial Order. The date of the Protective Order Hearing will be on your Order. You will be asked to sign a copy for our records to indicate that you have received a copy of the Order and Notice of the hearing date and time. If you have any questions about this process, please contact Domestic Relations at (703) 246-3040 and ask an Intake Officer for assistance.

# FAIRFAX COUNTY JUVENILE & DOMESTIC RELATIONS DISTRICT COURT

## RESPONDENT DESCRIPTION SHEET

JTS Number:

Issue Date:

CMS Number:

Respondent's Name:			Address:		
			STREET ADDRESS		
FULL LAST NAME/FAMILY NAME	FIRST NAME	MIDDLE NAME	CITY	STATE	ZIP CODE
DOB:	RACE:	Sex:	Height:	Weight:	Hair:
AKA:			SSN:		Eyes:
Home Phone:			Cell Phone:		
Vehicle Make:		Model:	Color:	License#:	
Probable Location:					
Attire & Other Distinguishing Features:					
Gang Affiliation/Associates/Relatives:					
Current Offense(s):					
<div style="display: flex; justify-content: space-between;"> <div> <p>Known to possess firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> <p>Known to carry weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> <p>Weapons in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> <p>Concealed weapons permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> </div> <div> <p>History of assaultive behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> <p>Known to abuse alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> <p>Know to abuse drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> <p>Mental Health Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk*</p> </div> </div>					
If yes, type of weapons: _____					*Unknown
School Name:					
Address:					
Petitioner Name:					
Home Phone:			Work Phone:		
Place of Employment:					
Juvenile's Name:					
Home Phone:			Work Phone:		
School:					
Remarks:					
PO/ Petitioner Name:			Phone:		Expiration Date of Order:
If respondent is served, I would like to be notified: <input type="checkbox"/> Yes <input type="checkbox"/> No					

# FAIRFAX JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

## AFFIDAVIT FOR PRELIMINARY PROTECTIVE ORDER

VS.	
<i>Petitioner</i>	<i>Respondent</i>
<i>Case No.</i>	

### RELATIONSHIP: I am the Petitioner; the Respondent is my:

- |   |   |
|---|---|
| <input type="checkbox"/> Spouse or ex-spouse<br><input type="checkbox"/> Parent or step-parent<br><input type="checkbox"/> Child or step-child<br><input type="checkbox"/> Sibling of half sibling<br><input type="checkbox"/> Grandparent<br><input type="checkbox"/> Grandchild<br><input type="checkbox"/> Mother-in-law living in the same home<br><input type="checkbox"/> Father-in-law living in the same home | <input type="checkbox"/> Son-in-law living in the same house<br><input type="checkbox"/> Daughter-in-law living in the same home<br><input type="checkbox"/> Brother-in-law living in the same home<br><input type="checkbox"/> Sister-in-law living in the same home<br><input type="checkbox"/> Person with whom I have a child in common<br><input type="checkbox"/> Current or former cohabitant (we lived together as if married within the last twelve months), or the child of a current or former cohabitant. |
|---|---|

### WHEN DID YOU LAST LIVE WITH THE RESPONDENT?

- ☐ Currently living together
- ☐ Last lived together:  
(when/where)

### HAVE THERE BEEN ANY OTHER LEGAL PROCEEDINGS BETWEEN YOU AND THE RESPONDENT IN THE PAST (IN ANY COURT)?

*(Explain what kind of legal proceeding in the space provided; list upcoming court date it ended, if applicable)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Yes, currently | <input type="checkbox"/> Yes, in the past | <input type="checkbox"/> No, nothing I am aware of |
|---|---|--|

Explain:

### WHAT DID RESPONDENT DO MOST RECENTLY TO MAKE YOU AFRAID?

*(Provide as much detail to explain any violence, force, threat, bodily injury, sexual assault, or stalking that has occurred)*

DATE/TIME:	LOCATION:
------------	-----------

### IN THIS INCIDENT:

- |   |   |
|---|---|
| <input type="checkbox"/> Respondent used or threatened me with a weapon or gun<br><input type="checkbox"/> Respondent choked/strangled me<br><input type="checkbox"/> I sought medical attention / went to the hospital<br><input type="checkbox"/> The children were present | <input type="checkbox"/> The police were called<br><input type="checkbox"/> I got an Emergency Protective Order<br><input type="checkbox"/> Respondent was arrested<br><input type="checkbox"/> CPS or APS has been contacted |
|---|---|

**OTHER INCIDENTS OF ABUSE: WHAT ELSE HAS HAPPENED?**

(What was the worst thing the Respondent did to physically hurt you? Describe other recent incident(s).)

DATE/TIME: (on or about)

LOCATION:

**DURING PAST INCIDENTS: (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Respondent used/threatened me with a weapon or gun | <input type="checkbox"/> The police were called                 |
| <input type="checkbox"/> Respondent choked/strangled me                     | <input type="checkbox"/> There have been EPO / criminal charges |
| <input type="checkbox"/> I sought medical attention / went to the hospital  | <input type="checkbox"/> CPS or APS has been contacted          |
| <input type="checkbox"/> Respondent follows, tracks, or monitors me         | <input type="checkbox"/> My children were present during abuse  |

**TO THE BEST OF MY KNOWLEDGE, RESPONDENT HAS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Access to guns                       | <input type="checkbox"/> A problem with drugs / alcohol      |
| <input type="checkbox"/> A security clearance                 | <input type="checkbox"/> History of diagnosed mental illness |
| <input type="checkbox"/> A criminal record                    | <input type="checkbox"/> Threatened to kill me / my family   |
| <input type="checkbox"/> Had a PO against him/her in the past | <input type="checkbox"/> Recently become unemployed          |

**ADDITIONAL DETAIL ABOUT ANY ITEMS CHECKED ABOVE:**

(e.g., specify number and type of gun or weapon; type dates of criminal charges or POs; types of substances abused; specifics of mental illness diagnoses)

WHAT DO YOU WANT THE PROTECTIVE ORDER TO DO?	
<input type="checkbox"/>	Order the Respondent to stop abusing me
<input type="checkbox"/>	Order the Respondent to have no contact (or limited contact) with me
<input type="checkbox"/>	Order the Respondent to have no contact (or limited contact) with my children, family, or household members. Those people are: <div style="margin-left: 40px;"> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul> </div>
<input type="checkbox"/>	Grant me possession of the pet(s) I own or take care of <div style="margin-left: 40px;"> <ul style="list-style-type: none"> <li>• _____</li> </ul> </div>
<input type="checkbox"/>	Order the Respondent to stay out of the residence we have been sharing or pay for me to live somewhere else
<input type="checkbox"/>	Order the Respondent shall not terminate any necessary utilities for the residence, or order that the Respondent has to restore those utilities
<input type="checkbox"/>	Order the Respondent not to take my car (in my name, jointly titled, or is marital property)
<input type="checkbox"/>	Order the Respondent to maintain the insurance an registration on my car
At the final hearing, I would also like the judge to:	
<input type="checkbox"/>	Order the Respondent to participate in treatment, counseling, or other programs;
<input type="checkbox"/>	Order custody / visitation of my minor child(ren);
<input type="checkbox"/>	Grant me temporary child support;
<input type="checkbox"/>	Something else:
<b>I swear that all of the above is true to the best of my knowledge.</b>	
<div style="text-align: right; margin-bottom: 10px;">           Given under my hand: _____           <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto;"> <span>Petitioner</span> <span>Date</span> </div> </div> <div style="text-align: right;">           As translated by: _____           <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto;"> <span>Name</span> <span>Date</span> </div> </div>	
Subscribe and sworn before me this: _____ <div style="display: flex; justify-content: flex-end; width: 80%; margin-left: auto;"> <span>Date</span> </div>	
Intake Officer _____	